

CITY OF ATLANTA

PERFORMANCE DEVELOPMENT PLAN	Last Name _____	First Name _____	Initial _____
	People Soft ID# _____	Job Class _____	
	Department _____	Title _____	
	Strategic _____		
	CRITICAL JOB ELEMENT # _____		
	Performance Indicators & Sources:		
	Rater Signature _____ Date _____		
	Employee Signature _____ Date _____		
CONTINUATION OF EVALUATION UNDER NEW RATER (IF APPLICABLE)			
New Rater Signature _____ Date _____			
Employee Signature _____ Date _____			

PERFORMANCE EVALUATION	CJE RATING		
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Highly Effective <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Effective
	RATING JUSTIFICATION (DOCUMENTATION SHOULD BE RETAINED IN DEPARTMENT)		
	Rater Signature _____ Date _____		